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FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Hess et al.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

Total Pages

TITLE: AUTOMATED REAPPLICATION OF ATRIAL PACING THERAPIES CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envel addressed to Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 01 707 229 US, on this ____19th__ December __ day of _ Sue McCov P Printed Name Sel Miles Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231 Sir We are transmitting herewith the attached: Χ **Patent Application Transmittal** Χ Specification: Total pages: 29 (including claims and abstract: Spec. 17 sheets; Claims 11 sheets; Abstract 1 Drawings: Total sheets: _7 ☑ formal ☐ informal Combined Declaration and Power of Attorney: unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 47 CFR 1.63(d)(2) and 1.33(b) f. Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. į, į Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations **Preliminary Amendment** A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: Continuation Divisional ☐ Continuation-in-part (CIP) of prior application No. Amend the specification by inserting before the first line the sentence: This application is a

continuation division ☐ continuation in part of application number _____, filed Cancel in this application original claims of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. The Power of Attorney in the prior application is to:

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed					
X	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 710 Medtronic Parkway Mailstop LC340				
		Minneapolis, Minnesota 55432 Telephone: (763) 514-6402 Facsimile: (763) 505-2530				

FEE CALCULATION	No. of Claims Filed	Claims Includ	ded in	No. of Extra Claims	Rate	Fee
Total Claims	52	20	=	32	x 18	576
Independent Claims	6	3	=	3	x 84	252
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$740.00
					TOTAL	1568.00

Charge Deposit Account No. 13-2546 the amount of \$1568.00 for a TOTAL OF \$1568.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

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